PTO/SB/82 (01-05)
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Application Number 10/574;609

REVOCATION OF POWER OF Filling Date April 5, 2006

ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS

Attorney Docket Number	158.0001USWO
Examiner Name	David B. Jones
Art Unit	3725
	Takahisa Yamamoto
* ***	April 5, 2006
	10/574,609
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I hereby revoke all previous powers of attorney given in the above-identified application.									
A Pov	ver of Attorn	ey is submitte	ed herewith.	• • • • • • • • • • • • • • • • • • • •					
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∠ App	dicant/Invent	or.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
		SIGN	ATURE of Applic	ant or Assigne	e of Record				
Signature])) <i>j</i>	了降	2						
Name	Takahisa Ya	mamoto					Andrewski i grani i statistica i salati salati salati i salati i s		
Date	7/31/0	P		Telepho	ne 8/- (+b- d	34-188x		
	es of all the inven- ilred, see below.	lars or assignees (of record of the entire intere	est or shelr representat	lve(s) are required,	Submit mult	ple forms if more than one		
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This collection of information is required by 37 CFR 1:36. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1:22 and 37 CFR 1:11 and 1:14. This collection is estimated to take 3 minutes to complete, including gathering, preparing; and submitting the completed application form to the USPTO. There will vary depending upon the including case. Any comments on the amount of time you require, to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.